



CPE POLICY

Issue Date: 02/11/2004

Applies to: All Upstate locations

Values: Drive Innovation & Discovery, Respect People,
Serve our Community, Value Integrity

Page(s): 1 of 1

Access to ACPE Standards and Commission Manuals

Review Date:	Change Description:
10/26/2015	Updated references.
Revised Date:	Change Description:
03/6/16, 04/16/18	Copy Editing
1.7.19	Delete need to receive hard copy of standards; Corrected title of Supervisor
1.22.2020	Updated to ACPE standards 2020
4.6.2021, 3.13.2024, 11/19/24	Copy Editing

Policy:

It is the policy of Upstate Medical University Hospital's Clinical Pastoral Education Program and the Department of Spiritual Care to ensure that Clinical Pastoral Education students are informed in writing or electronically of policies, procedures and student rights and responsibilities in relationship to both Upstate and the Association for Clinical Pastoral Education.

Procedure:

1. Written descriptions of institutional and CPE policies regarding students' participation within the CPE programs of Upstate University Hospital shall be included in the Student Handbook. Items to be included, but not limited to, are as follows:
 - Policies pertaining to *ACPE Standards*:
 - Hospital expectations regarding student duties, appearance, and conduct, including instruction and provisions for safety measures where appropriate.
2. Policies pertaining to Upstate's Department of Spiritual Care Policies can be found at <http://www.upstate.edu/policies/documents/intra/S-16.pdf> [Access requires a user name and password].
3. Each CPE student will receive a copy of the Student Handbook prior to or during orientation.
4. The ACPE Certified Clinical Pastoral Educator and the CPE Professional Advisory Council will review CPE policies and procedures regularly, with this documented in the CPE PAC minutes.

Form Name(s) and Number(s): N/A

Originating Department: Spiritual Care Contributing Department(s): N/A

References: Association for Clinical Pastoral Education (ACPE, January 2025)



CPE POLICY

Issue Date: 01/01/2008

Applies to: All Upstate locations

Values: *Drive Innovation & Discovery, Respect People, Page(s): 1 of 1*
Serve our Community, Value Integrity

Access to Library and Other Resources

Review Date:	Change Description:
10/26/2015	Updated References
Revised Date:	Change Description:
2/8/2016; 3/6/16	Copy Editing
04/16/18	Copy Editing
1.7.2019	List of monitors updated
1.22.2020	Updated to ACPE 2020 Standards
4.6.2021, 3.13.24	Copy Editing
11.26.24	Added additional educational resources

Policy: It is the policy of Upstate Medical University Hospital's Clinical Pastoral Education (CPE) Program to provide educational materials and access to educational resources and supportive services adequate to meet the ACPE standards for enhancing the learning process for personal and professional pastoral growth of CPE students.

Procedure:

- 1.** The Department of Spiritual Care houses a catalogued library of learning resources including books, CDs, DVDs, reference items, and journals.
 - a.** Books located in the Main Spiritual Care office can be signed out in the take-out notebook located by the department's library. All books must be returned prior to graduation to receive credit for the unit.
 - b.** CDs, DVDs, Journals, Reference materials and devotionals are to be used within the Spiritual Care areas only.
 - i.** CDs are located in the Intern Office and can be played on the CD player located in the Intern Office.
 - ii.** DVDs are located in the Intern Office and can be played on most computers.
 - iii.** Journals are located on the shelf above the library books in the main Spiritual Care office.
 - iv.** Reference items are located in the Intern Office.
 - v.** Devotionals are located on the shelf in the main Spiritual care office in the small meeting room.

- c. Copies of journal articles, reference materials, devotionals can be made if needed by the student when necessary. Copies of digital media is prohibited.
- 2. Upstate Medical's website connects to multiple helpful resources including diversity, interpreter services, information on specific illnesses, and wellness. It is available 24/7.
- 3. There is an extensive medical library located off the first floor of Weiskotten Hall. The Health Sciences Library provides health information services and resources in support of the current and emerging needs of our UPSTATE communities. Upstate ID allows access to this library. Librarians are happy to assist with literature searches, or with any questions regarding resources. There is a computer link entitled *Health Sciences Library* on the www.upstate.edu homepage. This will allow one to access the library remotely and request literature searches to find research articles for your verbatims and final clinical presentation. You can also 'Ask a Librarian' by calling 315-464-7091 or email askalibrarian@upstate.edu.
- 4. Students seeking supportive services for issues impacting role performance can utilize State University of New York Upstate's Employee Assistance Program. These issues include but are not limited to emotional, family, work stress, legal, financial, grief, change-related, marital/relationship, alcohol/drug or domestic violence problems. Please refer to the Upstate directory for the most current contact information as well as the EAP website for lists of self-help groups and helpful hotlines.

Form Name(s) and Number(s): N/A

Originating Department: Spiritual Care

Contributing Department(s): N/A

References: Association for Clinical Pastoral Education (ACPE, January 2025)

CPE POLICY

Issue Date: 02/11/2004

Applies to: Downtown &/or Community

Values: *Drive Innovation & Discovery, Respect People, Serve our Community, Value Integrity*

Page(s): 1 of 3

Admission to CPE

Review Date:	Change Description:
10/26/2015	. Updated references, Link to UH policy
Revised Date:	Change Description:
2.8.16; 3/6/16, 04/16/18,	Copy editing
1.7.2019	Addition to standards for admission, corrected title of Supervisor
1.22.2020	Updated to ACPE 2020 Standards
4.6.2021	Copy editing
8.31.2023	Align anti-discrimination policy with ACPE standard
3.13.24	Copy editing
11.13.24	Updated to reflect anti-racist and anti-bias practices

Policy:

This ACPE accredited program does not discriminate against persons because of race, ethnicity, religious/spiritual tradition, sexual orientation, gender identity, gender expression, age, disability.

Equal access to CPE is extended to all qualified persons. All members of the faculty and CPE Professional Advisory Council are expected to uphold this policy. This policy notwithstanding, all students accepted in the program should be able, *with reasonable accommodation that must be requested prior to beginning training*, to perform the duties as contained in the CPE policy on student rights and responsibilities.

Standards:

To be eligible for admission to Level I and Level II CPE, the following qualifications must be met or exceeded:

The applicant may be ordained or a layperson, depending on their vocational discernment process and doctrine of their faith tradition. The applicant will have a sufficient base of theological/dharmalogical education understanding that enables them to engage and reflect upon the theological/dharmalogical questions and issues that arise in the context of providing spiritual care to patients, families, and staff.

Purchased ordination or granted degrees *are not recognized* in this CPE program.

The applicant will demonstrate and be able to sustain sufficient physical, spiritual, and emotional health to provide spiritual care in a Level 1 trauma center.

The applicant will demonstrate the capacity to consistently establish and maintain relationships at significant levels, as well as be open to learning, change and growth on personal, spiritual, and professional levels.

The applicant will have sufficient English language skills, both verbal and written, as well as adequate computer skills (email, word processing) to fulfill program requirements and communicate professionally with peers, patients, staff and the ACPE Certified Educator/Candidate.

The applicant will have sufficient experience in pastoral ministry and/or in a helping profession/capacity, to function as an interdisciplinary team member representing spiritual care.

The minimum degree requirement is either graduation from high school/completion of a GED or ordination by a religious/spiritual tradition or commission to function in spiritual care by an appropriate religious/spiritual authority as determined by ACPE

International students must check with the website www.acpe.edu for additional requirements regarding visa applications. It is recommended this process begin a minimum of six months prior to anticipating beginning training.

Level IIA/B applicants must have documented evidence in prior CPE unit final evaluations that they were assessed as functioning at one of these levels by an ACPE Certified Educator.

The applicant will demonstrate openness to diversity in all forms (age, race, socioeconomic, sexually, ethnic, religious/spiritual), without imposing their own beliefs or values.

An application may be affected by the experience of a major life trauma or other concerns which the ACPE Certified Educator/Candidate in consultation with the CPE PAC may deem could interfere with the full experience of the program. This may result in deferral of entry, deferral of decision and/or no admission.

Procedure:

Formal admissions criteria and process may vary according to the level of training sought and duration of program. Such admissions requirements and procedures shall follow ACPE standards.

1. The Department of Spiritual Care will receive and document all inquiries about our CPE program in the CPE master folder under 'CPE inquiries'. Criteria for acceptance and program expectation into CPE will be shared with potential applicants.

2. Exploring the program's website is recommended for comprehensive information. www.upstate.edu/spiritualcare as well as the national website for ACPE at <http://www.acpe.edu>
3. The deadline for applying is January 31st for a Summer Unit and June 1st for a Fall/Winter Extended Unit. Admission deadlines are published in the program brochure and website. A one year one unit residency program or weekend Extended Unit may be offered at the discretion of the program with deadlines to be determined. The program may create shortened extended units of approximately 20 weeks with deadlines to be determined.
4. An application file will be established for each prospective student who applies to the program. An application is complete when it includes the ACPE application face sheet, the student's written responses to the information requested in the application and previous CPE Certified Clinical Pastoral Educator and student evaluations (if applicable).
5. The CPE program staff will contact the prospective student to schedule an interview once all materials are received.
6. Three references are required as indicated on the application form. In addition, a reference from one's faith endorser (if applicable) is highly recommended. The CPE Certified Clinical Pastoral Educator (or Candidate) or designated representative will contact references.
7. The applicant's interview will be with a minimum of two people: the CPE Certified Clinical Pastoral Educator (and Candidate, if applicable), a member of the CPE Professional Advisory Council and/or Upstate staff chaplains. Guidelines for Admission interview will be utilized in preparation and a standardized scoring assessment will be utilized after the interview.
8. The CPE Certified Clinical Pastoral Educator is ultimately responsible for making admissions decisions. Decisions may be made in consultation with members of the CPE Professional Advisory Council and Upstate staff chaplains.
9. Upon completion of the interview and receipt of references, applicants will receive a letter within approximately 21 business days informing them of their acceptance, rejection, wait-listing, or offering alternative training suggestions.
10. Applicants are not considered formally admitted until they have returned their signed ACPE consent form by the indicated due date, indicating their understanding of training requirements and including the non-refundable payment of \$100 to secure their place. A signed ACPE *Use of Clinical Materials Consent Form* mailed with the acceptance letter must be signed and received to be admitted to training. Upstate also requires and provides for a criminal background check and medical clearance prior to receiving an ID badge. All clearance should be completed prior to orientation.
11. Student enrollment during orientation through the ACPE website prior to the completion of orientation is expected within the first week of the unit. It is the responsibility of the ACPE Certified Educator/Candidate to ensure that all students have enrolled themselves

properly into the unit. Any issues with enrollment need to be addressed with the national ACPE office designated staff person. If a student withdraws from the unit prior to the end of orientation, The ACPE Certified Educator/Candidate may ask for the student's enrollment to be deleted by contacting the designated staff person in the national ACPE office. If a student withdraws from the unit after orientation, they must be given zero 'o' credit. Regardless of the credit earned by a student (0 credit, .5 credit, 1 credit for the unit) the student unit fee is the same and will be billed quarterly.

12. If academic course credit from a related institution regarding a student's completion of training is requested, this CPE program will provide a score related to the 2024 learning outcomes guidelines.

Form Name(s) and Number(s): N/A

Originating Department: Spiritual Care

Contributing Department(s): N/A

References: Association for Clinical Pastoral Education (ACPE, January 2025)



CPE POLICY

Issue Date: 2/11/2004

Applies to:

Values: (*Drive Innovation & Discovery, Respect People,
Serve our Community, Value Integrity*)

Page(s): 1 of 2

Agreement for Training

Review Date:	Change Description:
07/14/2010	Language clarifications, update references
Revised Date:	Change Description:
02/8/2016	Language clarifications, update references
3/6/16, 04/16/18	Copy Editing
1.7.2019	Reviewed, no changes
4.23.2019	Change in policy citation
1.22.2020	Updated ACPE 2020 Standards
4.22.2021/ 3/25/24, 11/19/24	Copy Editing/ Updated privacy access information

Policy:

Upstate and the CPE Program maintain agreements for training at the clinical site to clarify standards and rules for confidentiality, ethical conduct and Department of Spiritual Care policies and procedures. These apply to all people involved in the CPE Program. The agreement content includes:

1. Authorization to visit patients, congregants, or clients,
2. Access to appropriate clinical records and informed consent about use of student materials,
3. Agreement by the student to abide by hospital/Department of Spiritual Care policies protecting confidentiality and rights of clients/patients/congregants. For the most up to date information on privacy, contact the Institutional Privacy Office at 315-464-4342 or email privacy@upstate.edu.

There are three different agreements which together comply with this standard and cover the CPE training experience at Upstate University Hospital.

1. The Agreement between Upstate University Hospital and the spiritual care setting which authorizes the student to visit patients, families, and staff as part of their clinical hours. See Student Handbook.
2. The Agreement for CPE training covers student responsibilities protecting confidentiality and rights of clients/patients/congregants. See Student Handbook.
3. The Upstate University Hospital Clinical Pastoral Education Program Contract for Learning for Levels 1AB and Levels IIAB completes the requirements for this standard. See Student Handbook for form.

References: Association for Clinical Pastoral Education (ACPE). (January 2025)

CPE POLICY

Issue Date: 2/11/2004

Applies to:

Values: (*Drive Innovation & Discovery, Respect People,
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Page(s): 1 of 2

Clinical Placements and Agreements

Review Date:	Change Description:
07/14/2010	Language clarifications, update references
Revised Date:	Change Description:
11/21/24	Updated policy to align with 2025 Accreditation manual

Policy. A clinical placement is a site for CPE student(s) that is outside of an Accredited Member program. The clinical placement must meet all the requirements for a student(s)' supervised clinical practice of spiritual care. A clinical placement agreement is required when an accredited program uses an element external to itself.

The clinical placement agreement must be completed/signed PRIOR to students beginning their work at a site. When a clinical placement site is utilized, there must be a written document of understanding established between the accredited program and the selected site. **The purpose of a clinical placement agreement is to ensure the safety of students and the quality and integrity of the educational program.** When the ACPE Certified Educator is not regularly on site for supervision at the clinical placement site, there must be an onsite preceptor who has completed the Preceptor Orientation.

Upstate Medical University Hospital Agrees:

- To provide an accredited ACPE program in good standing.
- To assure that the CPE program complies with the Standards of the Association for Clinical Pastoral Education (ACPE) for Level I/II CPE
- To accept the Intern into the CPE program and allow up to twenty (20) hours during a summer unit and 8 hours during an extended unit of their pastoral encounters as partial fulfillment of the 300 required clinical pastoral ministry hours. This arrangement is only permitted for students working fulltime employed in a specialized setting.
- To expect that additional patient visitation will occur at Upstate Medical University Hospital on assigned clinical units and for required weekly evening rotation.
- To provide clinical pastoral education supervision of the Intern by an ACPE Certified Educator/Certified Educator Candidate on a regular basis, including on site rounding with the intern at this placement.

The Specialized Setting Agrees:

- The ACPE Certified Educator(s) and student(s) must be authorized to function in the clinical site.
- To identify an onsite preceptor. ACPE defines a preceptor as '*A contextually relevant professional practicing in and recognized by the clinical placement site and the ACPE Certified Educator*'. Recognition for this role requires one or more of the following: professional licensing, professional certification/authority to function in their role, an advanced degree in their field of expertise, faith group endorsement/local equivalent process.
- The CPE program will require a current resume for the preceptor as part of their portfolio (Standard 1, Item 5) and will collect student/stakeholder feedback related to how the preceptor fulfilled their role. The preceptor/mentor must review the ACPE preceptor orientation presentation prior to the start of a unit and confirm in this Agreement that the preceptor responsibilities are understood.
- The number of contact hours that will fulfill the requirements for a student's clinical hour requirement must be clearly stated.
- The site must provide students access to a population that offers significant opportunity for spiritual care, on-going support and consultation for the student(s), opportunities for interdisciplinary and professional interchange, and an environment that encourages human growth and dignity.
- Educational programming for CPE units must be based in the accredited program.
- To authorize the Intern to participate in the CPE program and utilize their ministry experiences in the congregation/specialized setting for educational purposes within the CPE program.
- To provide the Intern with support and encouragement during this CPE experience that can include financial support, time off, and/or personal interest in their learning process and its potential benefits to the congregation.

Form Name(s) and Number(s): N/A Originating Department: Spiritual Care

Contributing Department(s): N/A

References: Association for Clinical Pastoral Education (ACPE). (January 2025)

CPE POLICY

Issue Date: 02/11/2004

Applies to: Downtown &/or Community

Values: *Drive Innovation & Discovery, Respect People,
Serve our Community, Value Integrity*

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Complaints and Grievances

Review Date:	Change Description:
11/25/2015	<i>Updated References</i>
Revised Date:	Change Description:
2/8/2016; 3/6/16	<i>Copy Editing</i>
08/02/16	<i>Adding time from for complaint response</i>
04/16/18	<i>Copy Editing</i>
1.7.2019	<i>Delete ACPE Eastern Region, change Supervisor title, remove Standards from Spiritual Care Library, Update Administrative report</i>
1.22.2020	<i>Updated ACPE 2020 Standards</i>
4.22.2021	<i>Copy Editing</i>
4.22.2023/ 3.25.24	<i>Updated ACPE address/ updated report administrator</i>
11.12.24	<i>Updated hyperlink to complaint policies</i>

Policy:

Upstate University Hospital and the Clinical Pastoral Education Program provide a mechanism for handling complaints and grievances by CPE students to maximize satisfaction in their learning experience.

Definitions:

- A *complaint* is defined as a grievance presented in writing and signed by the complainant about an alleged violation of the ethical, professional, and/or educational criteria established by the *ACPE Standards* and Upstate concerning this CPE program and/or CPE Supervisor. A copy of these *Standards* is available online at www.acpe.edu
- A *student* is defined as any person enrolled in any program of CPE.
- *Mediation* is a cooperative process, which provides opportunity for both parties involved in a conflict to state their needs and interests. Through discussion with a mediator, the parties work to identify options and to find mutually acceptable solutions.

Procedure:

1. The CPE program at Upstate University Hospital encourages persons to work out concerns or grievances informally, face to face, and in a spirit of collegiality and mutual respect. Procedures for complaints should be used only if informal discussion and pastoral communication do not resolve differences, and when the complainant(s) desire to register a complaint. It is recommended that, if possible, the complaint be resolved at the level of the closest relationship to the complaint. *While ACPE recommends that complaints and grievances be addressed at the local level, a student may file a complaint directly with ACPE.*
2. To initiate a formal review, a complaint must be in writing. It should be made within six (6) months of the occasion causing the complaint, or within six (6) months of the conclusion of the educational experience in the CPE program.
3. There shall be a time limit of ten (10) years when the complaint involves sexual exploitation. Any complaint may be made within a longer period if the delay is explained by an occasion of fraud, intimidation, or other wrongful conduct that prevents the earlier surfacing of the complaint. It should include the following:
 - a. A description of the occurrence/situation precipitating the grievance, specifically including the date(s) and time(s) of all events.
 - b. The name of all the people who, in the student's opinion, are involved in the concern.
 - c. A statement that provides the student's suggested resolution of the grievance including the student's reasons for the suggestion(s). If the complaint involves the allegation of a breach of personal or professional conduct or ethics on the part of an ACPE Certified Clinical Pastoral Educator, the aggrieved must send a copy of the written complaint to the ACPE National office.
4. The complaint should be submitted in writing to the CPE Certified Clinical Pastoral Educator, with copies to their hospital administrative supervisor and the Chairperson of the CPE Professional Advisory Council. (*See listing of names and contact numbers at conclusion of this Policy*)
5. The Chair of the Professional Advisory Council or designee shall facilitate a meeting of all persons involved in the complaint within two weeks that the complaint was received and allow opportunity for dialogue and sharing of information in the spirit of collegiality and intent to resolve the complaint.
6. If the complaint does not reach satisfactory resolution, the Chair of the CPE Professional Advisory Council or designee will refer the matter to a grievance sub-group of three (3) up to five (5) PAC members to meet within ten (10) working days of the request. The Chair or designee will participate in the

grievance sub-group in a consultative role and, as said consultant, they have no vote.

7. The sub-group may elect to make decisions based upon the written documents available, or the subgroup may convene a hearing. This delegated body will have authority to examine written documentation and other records in accordance with the Department and institution policy and to interview those directly and indirectly involved in the alleged incident. The sub-group may determine that additional meetings are required to reach its conclusions. The final decision of the grievance sub-group will be determined by the majority vote of its members, and the process shall be completed within sixty (60) working days after receiving the complaint.
8. The conclusions of the grievance sub-group will be filed in writing, with copies given to the principals and the CPE Certified Clinical Pastoral Educator. In that statement, the grievance sub-group will address:
 - a. Whether the people involved have made an adequate effort to resolve the complaint by discussion or agreement.
 - b. Whether the complaint or grievance has or is without merit.
 - c. Whether the complaint or grievance involves a violation of *ACPE Standards*.
9. Based upon its findings, the grievance sub-group may:
 - a. Recommend redress that it determines to be appropriate to rectify the complaint.
 - b. Determine that no redress is appropriate.
 - c. Determine that the relief sought is beyond the power of the CPE program or institution to grant.
 - d. Determine that the complaint falls within the jurisdiction of another authority.
10. If the student submitting the grievance is not satisfied by the action of the grievance sub-group, they have the right to appeal. The written complaint, along with the relevant documents, should be sent to ACPE within thirty (30) calendar days of the completion of the CPE program's grievance procedure, who may appoint a mediator as defined in *The Professional Ethics Commission Manual* found at www.acpe.edu.
11. A student has the right at any point in the complaint process to withdraw the complaint. The withdrawal should be submitted in writing to the same people as in Section #3. However, the ACPE reserves the right to continue the process to prevent potential physical or psychological harm to other persons.

Processing a Complaint with ACPE

1. When a complaint arises concerning the ethical and/or professional conduct of a CPE Certified Clinical Pastoral Educator/Candidate or concerning a CPE program and is not resolved at the CPE program level or if issues remain over which ACPE has jurisdiction, the complainant(s) may register a complaint with ACPE within six (6) months of the conclusion of the educational experience at Upstate. The time limit for a complaint alleging that sexual exploitation occurred is ten (10) years. Any complaint may be made within a longer period if the delay is caused by fraud, intimidation or other unethical conduct that prevents the earlier surfacing of the complaint.
2. The signed complaint should be sent to ACPE, who will process the complaint according to the established procedures of ACPE. Information on how to access ACPE Standards and the Professional Ethics Manual is included in the *CPE Student Handbook*. For mediation procedures as an option, see the *Processing Complaints of Ethics Code Violations in the ACPE Professional Ethics Manual*.

Required ACPE Complaint Policies (Please access www.acpe.edu or <https://acpe.edu/programs/accreditation/information-on-filing-a-complaint> for latest policies).

1. Policy for Complaints Alleging Violations of ACPE Education Standards
2. Policy for Complaints Against the Accreditation Commission
3. Professional Ethics Violations
4. Whistleblower Policy

*As of January 2025, the following persons held the named positions:

ACPE Executive Director

The Rev. Lynnett Glass, EMBA, MDIV, SHRM-CP
Association for Clinical Pastoral Education, Inc:
The Standard for Spiritual Care and Education
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404-320-1472/fax 404-320-0849
www.acpe.edu

Upstate Medical University CPE Professional Advisory Council Chair

David Lehmann, MD PharmD,
Distinguished Service Professor, Dept of
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Upstate Administrative Liaison

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galimiM@upstate.edu

ACPE Certified Educator

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Originating Department: Spiritual Care

Contributing Department(s): N/A
References: N/A

Association for Clinical Pastoral Education (ACPE, January 2025)



CPE POLICY

Issue Date: 02/11/2004

Applies to: Downtown &/or Community

Values: Drive Innovation & Discovery, Respect People,
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Completion of Unit in Event of Substantive Program Changes

Review Date:	Change Description:
11/25/2015	<i>Updated references</i>
Revised Date:	Change Description:
3/15/2016, 04/16/18	<i>Copy editing</i>
1.7.2019	<i>Change Supervisor title</i>
1.22.2020	<i>Update ACPE 2020 Standards</i>
4.22.2021/ 3.25.24	<i>Copy editing/ updated 2024 learning outcomes</i>
11.13.24	<i>Updated in accordance with ACPE policy and procedure development</i>

Changes in Personnel, Program and Student Policy:

It is the policy of Upstate University Hospital to ensure continuation of a program if the current CPE Certified Clinical Pastoral Educator (CE) is unable to complete or fulfill their supervisory duties, if the peer group enrollment falls below standards or if substantial changes in the institution place the continuation of the unit and/or program in jeopardy. Accredited Member programs must notify the Commission of any substantive change(s) with potential for or adversely affecting capacity to meet ACPE standards and accreditation requirements for programs as soon as possible.

1. ACPE Standards require program to maintain faculty composed of persons authorized by ACPE (ACPE Certified Educator) and of sufficient number to fulfill program goals.
2. Programs may not conduct units of CPE or CEC training or advertise for students unless an ACPE Certified Educator is present.
3. Programs may satisfy the requirements by employing or contracting with an ACPE Certified Educator on an interim basis.
4. Certified Educators must complete the [Changes in Programs and Personnel Form found in the ACPE Accreditation manual](#) as soon as they know they are leaving a faculty position, regardless of size or composition of the program.
5. See [Transitions in Programs](#) information found in the ACPE Accreditation manual for when an accredited program is without an ACPE Certified Educator. Payment of the yearly membership fee is required, as well as maintaining the program's portfolio to reflect the program's search for

an ACPE Certified Educator and any significant structural changes that might impact its accreditation status.

6. The program may maintain its accreditation for up to 2 (two) years without an ACPE Certified Educator. At the end of this time, if the program has not successfully engaged an ACPE Certified Educator and has not voluntarily withdrawn their accredited member status, the Commission will review the situation and may remove the program's accredited member status at its next regularly scheduled meeting. If the program wishes to start a program after this action, they will be required to begin the accreditation process from the beginning.

Protocol for change in personnel:

When the existing Educator is either observed or deemed incapacitated due to illness, behavior, or other extenuating circumstances, the following will apply:

1. Any person may bring the above assessment to the attention of the designated Upstate Administrative Liaison.
2. The Hospital Administrative Liaison in consultation with hospital senior leadership and the CPE PAC Chair or designees of the Professional Advisory Committee will conduct an immediate assessment of the CPE CCPE's status.
3. If the Certified Clinical Pastoral Educator is assessed as incapacitated, an immediate contact will be made with the ACPE National Office for consultation and assistance. The entire Professional Advisory Committee will be informed as soon as possible of this situation.
4. All effort will be made to secure a replacement within a reasonable time. The program will be forfeited, and student fees returned per the Financial Policy if this is not accomplished.

Standard Enrollment Requirements:

1. A CPE program at Upstate University Hospital shall not begin if there are fewer than three (3) students enrolled.
2. If the CPE unit begins and enrollment falls below three (3) students, reasonable effort will be made to enroll qualified persons who will bring the peer group membership up to standards. Definition of Terms states: *A peer group is a small group of at least three CPE Level I A/B/Level II A/B students engaged in small group process and committed to fulfilling the requirements of the educational program.* These students may include lay persons or representatives of other professional disciplines. Please see Admissions Policy.
3. If recruitment of additional replacement students is unsuccessful, the unit will be discontinued, and student fees returned per the Financial Policy.

Standards for Institutional Change:

1. If Upstate University Hospital undergoes a significant institutional change or commitment to the program to the extent that administrative and program support are withdrawn or insufficient for the CPE program to continue, every effort will be made to negotiate completion of the training unit in process.

Events requiring ACPE notification include institutional ownership change, mergers or consolidations that affect the CPE program. Ownership change, institutional and/or name change, program discontinued or closure.

2. If efforts to negotiate continuation of the program are not possible, the CPE program will be discontinued, partial fulfillment determined and acknowledged by the ACPE's Certified Clinical Pastoral Educator and student fees returned per the Financial Policy.

Form Name(s) and Number(s): N/A Originating Department: Spiritual Care

Contributing Department(s): N/A

References: Association for Clinical Pastoral Education (ACPE, January 2025)

CPE POLICY

Issue Date: 2/11/2004

Applies to: Downtown &/or Community

Values: *Drive Innovation & Discovery, Respect People,
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Consultation

Review Date:	Change Description:
11/24/2015	<i>Updated references,</i>
1.7.2019	<i>Reviewed, no changes</i>
Revised Date:	Change Description:
2/8/2016, 04/16/18	<i>Copy Editing</i>
1/22/2020	<i>Update ACPE 2020 Standards</i>
3/25/24	<i>Updated learning outcomes and descriptive language</i>

Policy:

Upstate University Hospital Clinical Pastoral Education students will be provided the opportunity to obtain consultation with other Board-Certified Chaplains and/or Professional Advisory Council Members regarding their progress and process with CPE outcomes and objectives. This will ensure a productive learning environment and educational opportunity.

Procedure:

1. The student shall be educated on Level IAB and Level II AB categories, outcomes and indicators of ACPE during orientation, including the process of moving from one level to the next.
2. At the end of each unit of training, the ACPE Certified Educator/Certified Educator Candidate's final evaluation will assess the student's ability to meet the ACPE Level I A/B or Level II A/B outcomes in their earning process.
3. Students are strongly advised by this CPE program to meet with a consultation group as part of the process to be considered as a Level II A intern (see attached Procedure for Review of Level I A/B Outcomes and Readiness for Level II A CPE).

4. The consultation group shall conclude the session with consultation to both the student and ACPE Certified Educator/Certified Educator Candidate on their training dynamics.
5. This group is consultative and does not make final decisions. The ACPE Certified Educator/Certified Educator Candidate makes final decisions regarding the assessment of the student's learning goals, process or level of functioning.
6. The ACPE Certified Educator or ACPE Certified Educator Candidate will include the consultation feedback in the student's next final evaluation and/or in a separate report of the consultation.

Process:

1. *Review of Level IA/B Outcomes and Readiness for Level IIA CPE:* The following process has been put in place so that students interested in moving on to Level II A objectives/outcomes can receive input regarding their attainment of Level I outcomes from persons not directly involved in the student's supervision.

This consultation also gives the primary supervisor an opportunity to look at the student's learning process through the lens of those who are not as close to the student's day-to-day activities. In general, a student will be considered for Level IIA once they have completed a minimum of two units of CPE, including one Level IB unit. Exceptions will be made on a case-by-case basis. Either way, it is the responsibility of the student to request a consultation.
2. *The Consultation Group:* This group will include 1-2 CPE Professional Advisory Council Members as well as 1-2 Board Certified Chaplains who serve in another institution. The student's ACPE Certified Educator can view the consultation but is not included in the direct group process. A person familiar with the student's ministry may be included, such as a nurse, social worker, doctor, faith endorser representative or a hospital staff chaplain.
3. *Written Requirements in Preparing for a Consultation:* All written requirements should be given to the committee one week prior to the meeting unless otherwise negotiated. Written materials should be of graduate level and neatly presented. The required written materials include:
 - a. A one-page paper stating why the student wants to meet the committee, what they hope to get from this meeting, what they have learned from training so far, and proposed learning goals for Level IIA in conjunction with ACPE Standards.
 - b. A paper (maximum five pages) that describes how the Level IB outcomes have been met. The paper should be specific and reference clinical and personal examples from CPE training and evaluations.

- c. A recent verbatim that demonstrates meeting Level IB outcomes and providing competent pastoral care. It should NOT be a learning problem focused verbatim.
 - d. Any previous CPE evaluations – both ACPE Certified Educator/Candidate and the students.
4. *The Consultation Meeting and Report:* The consultation will be scheduled for 90 minutes, including committee preparation, 50 minutes directly engaging with the student referencing prepared materials and here and now processing. If held on Zoom, the consultation will be taped for review with the student and CE/CEC. The student will leave the room while the committee consults following the consultation. The student will be invited back into the room to hear the committee's summary, along with the CE/CEC. The student will receive a written summary report of this consultation within two weeks of the meeting.

Form Name(s) and Number(s): N/A

Originating Department: Spiritual Care

Contributing Department(s): N/A

References: Association for Clinical Pastoral Education (ACPE). (January 2025)

CPE POLICY

Issue Date: 11/21/2024

Applies to: Downtown &/or Community

Values: *Drive Innovation & Discovery, Respect People,
Serve our Community, Value Integrity*

Page(s): 1 of 3

Data Collection

Review Date:	Change Description:
11/21/2024	New policy related to 2025 required Accreditation Manual updates

Policy. As a learning organization, ACPE requires that programs gather data in a variety of forms. This data serves as “evidence” of a program’s compliance with standards and of its programmatic and educational effectiveness. As a program embarks upon continuous improvement processes, data collection is essential to understanding the ways in which the program and curriculum are or are not working, that the program is on target for achieving/maintaining compliance with standards, and to ensure that the student experience matches the stated goals and objectives of the program.

Required Areas for Data Collection

- Applicant, Admission, Enrollment, and Completion Statistics
- CPE Program Evaluations (to be completed at the end of each unit after students have received their end of unit evaluations)
 - For residencies, programs may choose to do shorter, interim program evaluations throughout the year and then a comprehensive program evaluation after the final unit.
- Exit Interviews with Students (to be done at the conclusion of a student’s last unit)
- Alumni Questionnaire (required for the Six Year Site Visit self-study, but may be done more frequently if the center desires)

Programs may develop and utilize a variety of data collection techniques. In addition to uploading the raw data to the portfolio, programs shall also conduct an analysis of the data, noting trends, influences, and other items of interest.

Form Name(s) and Number(s): N/A
Originating Department: Spiritual Care

Contributing Department(s): N/A, References: Association for Clinical Pastoral Education (ACPE, January 2025)

CPE POLICY

Issue Date: 2/11/2004

Applies to: Downtown &/or Community

Values: *Drive Innovation & Discovery, Respect People,
Serve our Community, Value Integrity*

Page(s): 1 of 3

Discipline, Dismissal and Withdrawal

Review Date:	Change Description:
11/25/2015	Updated References, updated to reflect social media and links to UH policy included
Revised Date:	Change Description:
2/19/2016	Upgrade of policy
3/6/16, 04/16/18,1/7/19	Copy Editing
4/23/19	<i>Change in addition to program dismissal criteria</i>
1/22/2020	<i>Updated ACPE 2020 Standards</i>
4/21/2021	<i>Copy Editing</i>
4/13/22, 3/25/24, 11/19/24	<i>Added 2.f,4 and II 7/ Copy editing for clarity</i>

Policy:

Upstate University Hospital and the Clinical Pastoral Education Program provide a mechanism to address situations within the CPE training programs for CPE Students that may require disciplinary action, up to and including probation, dismissal, or voluntary withdrawal of a student from the program. Definitions:

- *Probation* is for a specific period, not less than two or more than four weeks at any time during training. The status of probation indicates that continuation in the CPE program is in jeopardy. Probation may include the restriction of work in assigned clinical areas.
- *Dismissal* ends the student's participation in the CPE program and ministry within the institution.
- *Voluntary withdrawal* ends the CPE Student's participation in the CPE program and ministry within the institution at the initiation of the CPE Student.

Procedure: *Probation* – placing a CPE student on probation may result from the following:

1. Failure to adequately participate in the educational program, such as
 - a. Not interacting in a manner conducive to growth for self or peers.
 - b. Time and attendance problems. More than two unexcused absences per training course qualify for probation. Students are expected to arrive on time for all classes.
 - c. Incomplete or missing clinical materials or assignments.
 - d. Not negotiating an individual learning contract.
2. Failure to act responsibly in pastoral/spiritual obligations such as:
 - a. Not responding to referrals or the spiritual needs of patients and staff as requested/needed.
 - b. Interacting unprofessionally with hospital staff/patients, including unprofessional dress and behavior.
 - c. Unwillingness to cooperate with peers and Department of Spiritual Care staff as part of a team ministry within the hospital.
 - d. Refusal to provide adequate spiritual care coverage in one's assigned clinical areas.
 - e. Demonstrated lack of respect for patient confidentiality (HIPPA violations).
 - f. Functioning beyond one's role as a Chaplain Intern.
3. Conduct and appearance unbecoming for a CPE student (*refer to Policy on Ethical Conduct*).
4. A significant change in emotional/physical health that appears to compromise ability to engage in this method of education.

A CPE Student placed on probation will be sent written notice of such action by the ACPE Certified Educator/Certified Educator Candidate that day with a specified timeline. Specific reasons for this action and desired behavioral changes will be provided to the student. The student has the right to appeal this decision to the ACPE Certified Educator/Certified Educator and the Chair of Upstate's CPE Professional Advisory Council.

During the final week of probation, the ACPE Certified Educator or ACPE Certified Educator Candidate, Professional Advisory Council (PAC) Chair or designee, and CPE student will meet for consultation and evaluation. A decision will be made at that time regarding continuation or dismissal. The ACPE Certified Educator or ACPE Certified Educator Candidate will notify the student of the final decision both orally and in writing.

II. *Dismissal from the Program* – Dismissal of a CPE student may result from the following:

1. Failure to pay the tuition fee (if applicable) in the time specified without special arrangement with the CPE Certified Educator.
2. Any substance abuse or use of alcohol on Upstate campuses is a cause for immediate dismissal.
3. Any type of abuse and/or manipulation of staff, property, patients, families, or peers are cause for immediate dismissal, and possible criminal investigation.
4. The CPE Certified Educator reserves the right, in consultation with the CPE PAC Chair, to dismiss any student whose program achievements, clinical performance, capacity or conduct makes continuation in the program inadvisable.
5. Inappropriate use of social media and photography. Upstate social media policy is regularly updated and can be found at www.upstate.edu and search for policies.
6. A breach of patient privacy determined by the Compliance Officer warranting immediate dismissal.
7. An egregious breach of role determined by Risk Management warranting immediate dismissal.

In Addition, the code of conduct standards for Upstate Medical University and for Upstate students is applicable to the CPE student. Search www.upstate.edu for the most current codes.

A CPE Student may be dismissed from the program without first receiving probation.

A decision to dismiss the student may include one week's notice, although if the cause for dismissal warrants it, the student may be dismissed on the day of notice.

No tuition fees will be refunded to students who are dismissed. Any keys, ID badges, hospital equipment, Department of Spiritual Care books or other property must be returned prior to leaving. Upstate University Policy Department may be requested to assist in returning property.

The CPE Student has the right to appeal this decision. Please refer to CPE Student Handbook Complaint Policy.

III. Voluntary Withdrawal

- A. A CPE Student may withdraw from the CPE program by informing their ACPE Certified Educator/Certified Educator Candidate and submitting a letter of withdrawal that is dated and signed.
- B. CPE Students are encouraged to consult with the ACPE Certified Educator or ACPE Certified Educator Candidate if withdrawal is being considered to provide continuing pastoral care and peer group.

- C. Tuition fees will be refunded according to the financial policy.
- D. A CPE Student who withdraws from a training unit in progress shall not receive credit for the unit.
- E. Any keys, ID badges, hospital equipment, Department of Spiritual Care books or other property must be returned prior to leaving.

Form Name(s) and Number(s): N/A

Originating Department: Spiritual Care

Contributing Department(s): N/A

References: Association for Clinical Pastoral Education (ACPE, January 2025)



CPE POLICY

Issue Date: 02/11/2004

Applies to: Downtown &/or Community

Values: (Drive Innovation & Discovery, Respect People,

Page(s): 1 of 1

Ethical Conduct

Review Date:	Change Description:
11/24/2015	<i>Updated references.</i>
Revised Date:	Change Description:
2/8/2016; 3/6/16; 4/16/18; 1/7/2019	<i>Copy Editing</i>
4/23/19	<i>Access to ACPE Standard 100 changed</i>
1/22/2020	<i>Updated for ACPE 2020 Standards</i>
4/22/2021; 3/25/24, 11/19/24	<i>Copy editing</i>

Policy:

Upstate University Hospital, the ACPE Certified Educator/Certified Educator Candidate and students in programs of CPE at Upstate Medical University are expected to maintain high standards of ethical conduct as detailed in the ACPE *Code of Professional Ethics* found in the *ACPE Accreditation Manual*.

Definition:

Upstate defines the term *member* in this policy as including all current students whether they are members of ACPE or not.

Procedure:

1. Access to the most current ACPE *Code of Professional Ethics for Members of ACPE* can be found at www.acpe.edu. These standards are discussed at orientation and included in the required *Agreement for Clinical Pastoral Training* to ensure students accept and understand the responsibilities therein.
2. When moral or ethical standards are in question, the ACPE Certified Educator/ Certified Educator Candidate and/or the CPE Professional Advisory Council Chair or designee will initiate a meeting for engaging the student on

designated issues. These conversations would be problem solving and redemptive in intent and nature.

3. For issues of ethical conduct not resolved in 2 above, please refer to the *CPE Policy on Disciplinary Action* and the *CPE Policy on Complaints*.

Form Name(s) and Number(s): N/A Originating Department: Spiritual Care Contributing Department(s): N/A
References: Association for Clinical Pastoral Education (ACPE, January 2025)



CPE POLICY

Issue Date: 02/11/2004

Applies to: Downtown &/or Community

Values: *(Drive Innovation & Discovery, Respect People,
Serve our Community, Value Integrity)*

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Financial

Review Date:	Change Description:
11/24/15	Stated Guidelines used. Updated fee schedule. Updated references
Revised Date:	Change Description:
2/8/2016, 3/6/16, 04/16/18, 1.7.2019	Copy Editing
1.22.2020	Update ACPE 2020 Standards
4.22.2021, 3.25.24	Copy Editing
11.13.24	Benefits updated for clarity per required program policies

Policy: Tuition for both CPE Level IA/B and Level IIA/B is set by the CPE Professional Advisory Council in consultation with the ACPE Certified Educator.

Procedure for fees, payment schedules, refunds, stipends, and benefits.

1. A one hundred-dollar (\$100.00) non-refundable deposit is required upon acceptance into the program to reserve a student's place in the program.
2. Tuition is due 30 calendar days after the first day of the unit.
3. Requests for a different tuition payment schedule will be addressed individually per student request.
4. No student evaluation or credit will be issued for the unit without full tuition payment.

Refunds. If a student leaves the program through mutual consent, personal choice, or by choice of the ACPE Certified Educator/Candidate in the first 30 days of the CPE unit, one-half of the tuition will be refunded if student has paid in full. No refund will be issued after thirty days from the beginning of the unit.

Benefits. CPE student interns are offered complimentary parking, a daily set amount to use in the hospital cafeteria and other benefits such as required books and costs of outings. Incidental costs over and above tuition will be clarified upon acceptance into the program.

Stipends. There are currently no stipends available unless a special grant is available.

Rate Review. The Professional Advisory Council regularly reviews the tuition rates and compared to other similar ACPE programs to ensure comparability.

Form Name(s) and Number(s): N/A Originating Department: Spiritual Care Contributing Department(s): N/A
Reference: Association for Clinical Pastoral Education (ACPE, January 2025)



CPE POLICY

Issue Date: 2/11/2004

Applies to: Downtown &/or Community

Values: *Drive Innovation & Discovery, Respect People,
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Maintenance of Student Records/Family Education & Privacy Act Annual Notice (FERPA)

Review Date:	Change Description:
11/24/15	Updated address, Updated References, UH –website Links.
11/24/15	Change Description:
2/8/2016, 3/6/16, 04/16/18, 1.7.2019	Copy Editing <i>Copy Editing</i>
1.22.2020	Upstate ACPE 2020 Standards
4.22.2021/3.26.24	Copy editing
11.13.24	Added updated Annual Notice as a policy attachment

Policy:

ACPE defines a student record as any record (paper, electronic, video, audio, biometric etc.) directly related to the student from which the student's identity can be recognized; and maintained by the education program/institution or a person acting for the institution.

Upstate University Hospital and the Clinical Pastoral Education Program shall maintain student records in a manner consistent with the Guidelines for Student Records in accordance with *ACPE Standards*. Those guidelines are made available to the students during the orientation phase of the CPE learning experience.

The *Family Education Rights and Privacy Act (FERPA)* applies to all ACPE, CPE Programs. *FERPA addresses privacy, not confidentiality issues*. This means students own the information about them and must know what is being collected and how it is being used. Their information cannot be shared without their written permission. This CPE program will publicize an *Annual notice* of its protocols for proper handling of student records on the Department of Spiritual website accessed

at <http://www.upstate.edu> , search under spiritual care/education. In addition, the Annual Notice is included following this policy.

Procedure:

This ACPE program guarantees to its students the following as per the *Annual Notice*:

The right to inspect and review education records, to seek to amend them, to specify control over release of record information, and to file a complaint against the program for alleged violations of these Family Education and Privacy Act (FERPA) rights.

- A.** A description of what constitutes directory information for this CPE program and how to opt out.
- B.** The definition of student records.
- C.** Details of the program's records management protocols which include a student's right to object to record content. If not negotiable, the written objection will be kept with and released with the record. Grades are exempted from this right.
- D.** Violations of the protocols may be reported to the Chair of the Accreditation Commission at ACPE. Directory Information is student information not generally considered harmful or an invasion of privacy if released.
- E.** This program defines directory information that will be released without specific consent unless a student "opts out" as the following: common directory information will be understood to be only the student's name and religion. All other information is released only with the student's written, signed, dated consent specifying which information can be made public and for what limited purpose.
- F.** Before releasing information, students must have received the *Annual Notice*.
- G.** Certain exceptions concerning the release of information exist to protect the health or safety of the student or others, and for the purpose of accreditation or complaint review, or as required for legal processes. Before releasing material in any of these circumstances the program will consult with the ACPE Executive Director, Assistant Director and any applicable Upstate Medical University personnel.

- H.** The ACPE Certified Educator or ACPE Certified Educator Candidate keeps process notes on students. These process notes are for the exclusive use of the writer and are not considered a part of the student's record. They are kept separately from the student record and are confidential.

Protocols for record retention and destruction:

- 1.** CPE student files will be maintained for a period of ten (10) years. These records shall not be open to anyone outside the CPE program except with the student's written request or permission. (Note exceptions above). After ten (10) years, the program may choose to continue to keep on file or destroy the student record except for a face sheet with identification information. Currently, Upstate does not cull its student files after ten years. The student will be informed that it is their responsibility to keep copies of evaluations for future use.
- 2.** The official record will consist of application materials and references along with the admission interview summary of students admitted and matriculated, the ACPE Certified Educator or ACPE Certified Educator Candidate written final evaluation report and the student's written evaluation report. The record file may also contain ordination bulletins or other celebratory materials. Material written by students, such as verbatims and case histories that contain information about other persons, will not be part of the official student record and will be destroyed unless used for pastoral research and training with written permission from the student. Supervisory notes are not a part of the official record and are the property of the supervisor.
- 3.** Health records are subject to federal regulations and state laws including ADA & HIPAA and are kept separately by the Employee Health Office.
- 4.** Students can review their record within 21 days of submitting a request. Record inspection will not be denied based on the student's inability to come to the site or outstanding financial obligations. In the latter case, it will be noted on the copy sent, "not available for official use." When a student record contains identifiers of another student, those must be redacted.
- 5.** The *Annual Notice* details records maintenance protocols, including whether/how students may copy their records.
- 6.** Student files are maintained in a locked cabinet in the CPE Training Room. The Department of Spiritual Care's Administrative Assistant/Office Assistant may assist in keeping the records in good order. Access to the actual

student records is restricted to the ACPE Certified Educator/ACPE Certified Educator Candidate of the program, although access to an individual student's record may be permitted for the purposes of research, accreditation review, or in the event a complaint is filed. No evaluation reports will be released from the file without the written request of the student and a signed release.

- 7.** If the Clinical Pastoral Education program should cease to exist, student records will be sent to the national ACPE office and maintained there in accordance with ACPE Standards.

Form Name(s) and Number(s): N/A

Originating Department: Spiritual Care

Contributing Department(s): N/A

References: Association for Clinical Pastoral Education (ACPE, January 2025)

UPSTATE UNIVERSITY HOSPITAL Clinical Pastoral Education Program Annual Notice

The Family Education Rights and Privacy Act (FERPA) applies to all ACPE, CPE Programs. FERPA addresses privacy, not confidentiality issues. This means students own the information about them and must know what is being collected and how it is being used. Their information cannot be shared without their written permission. Each CPE center must publicize this Annual notice of its protocols for proper handling of student records.

This ACPE program guarantees to its students the following:

1. The right to inspect and review education records, to seek to amend them, to specified control over release of record information, and to file a complaint against the program for alleged violations of these Family Education and Privacy Act (FERPA) rights.
2. A description of what constitutes directory information at this center and how to opt out.
3. The definition of student records.
4. Details of the program's records management protocols which include a student's right to object to record content. If not negotiable, the written objection will be kept with and released with the record. Grades are exempted from this right.
5. Violations of this protocol may be reported to the Chair of the Accreditation Commission at ACPE, 1 Concourse Place, Suite 800, Atlanta, GA 30328 or via email at accreditation@acpe.edu.

Directory Information is student information not generally considered harmful or an invasion of privacy if released.

This program defines directory information that will be released without specific consent unless a student "opts out". Common directory information at this program will be limited to name, address, email, telephone, date of birth, faith tradition if applicable, previous education and photograph. All other information is released only with the students written, signed, and dated consent specifying which records are being disclosed to whom and for what limited purpose. Before releasing information, students must have received the Annual Notice. Current students can restrict directory information and/or record access at any time during attendance. Restriction must be honored even after the student's departure. Former students cannot initiate new restrictions after departure.

The student record consists of 1.) any record (paper, electronic, video, audio, biometric etc.) directly related to the student from which the student's identity can be recognized: and 2.) maintained by the education program/institution or a person acting for the institution.

Application materials of students admitted and matriculated are considered part of the student record. Application materials for others are subject for state privacy laws for their retention, use and destruction. If no applicable laws exist, the program creates, publicizes, and follows its own protocol. Subject to notification, the student's name, address, spiritually oriented system and unit of CPE successfully completed will be sent

to the ACPE office on the student unit report at the completion of each unit of CPE. ACPE requires that the CPE student record include the face sheet with directory information, the CPE Educator/Candidate's evaluation report and the student's own evaluation report. Materials written by students, such as verbatims and case histories that contain information about other persons, including other students, will either be destroyed or, if they are part of the student's record, will have the identifiable information about everyone other than the student redacted. When peers are referenced in student evaluations, only initials should be used. A copy of the CPE Educator's evaluation report will be given to the student.

The student will be informed that the center will keep this evaluation for a specified period, and it will not be available to anyone else except with written permission from the student. If the student's own evaluation is included, it will be kept with the supervisor's subject to the same provisions. (note "exceptions" below). Students will be informed at the time copies are given to them that it is their responsibility to keep copies for future use. CPE students are expected to give written consent for copies of the CPE Educator/Candidate's evaluation reports (and their own if applicable) to be sent to their identified place needing to receive a copy.

Access to student files is restricted to the Certified Educator/Candidate. although access to an individual student's record may be permitted for the purposes of research, Accreditation review, or in the event a complaint is filed. No evaluation reports will be released from the file without the written request of the student and a signed release. The CPE Educator/Candidate may keep process notes on students. These process notes are for the exclusive use of the writer and are not considered part of the student's record. They are kept separately from the student record.

Exceptions: Certain exceptions concerning the release of information exist to protect the health or safety of the student or others, and for the purpose of accreditation or complaint review, or as required for legal processes. Before releasing material in any of these circumstances the program will consult with the ACPE Executive Director or designee, and any applicable Upstate University Hospital personnel.

Records Management: Protocols for record retention, review and destruction. Programs must have written protocols for student record retention and destruction (how long records are kept, where custodian: how destroyed) and for student review of records. Protocols must be followed consistently.

Retention. The program shall keep educator's evaluations and student's written responses, if submitted, for a minimum of ten (10) years. These records shall not be open to anyone outside the CPE program except with the student's written request. (Note exceptions above). The files are maintained in a locked cabinet in the CPE Training Room/ Certified Educator's office. After (10) years the program must keep the face sheet with identification information but may destroy the educator's evaluation report and the student's written response (if submitted).

Review. Students are allowed to review their record within 45 days of a written request. Record inspection cannot be denied based on the student's inability to come to the site or outstanding financial obligations. In the latter case, a program can note on the copy sent, 'not available for official use.' When a student record contains identifiers of another student, those must be redacted. Students may copy their records following these redactions.

Destruction. When an ACPE program closes, the program's certified educator or appointed designee secures all student records and ships the records to the ACPE office c/o Accreditation. The program's policy and procedure about student record management must indicate the name or role of the appointed designee within the program's institution who is responsible to secure student records in the absence of an ACPE Certified Educator or Associate ACPE Certified Educator. In the absence of either of these roles, only the appointed designee indicated in the program's policy for student record management is authorized to retrieve student records with a student's written request and written authorization.

Health records (mental and physical) are kept in locked, limited access files separate from the other student records. Their use and release are subject to ADA and HIPAA. Certain safety and employment records are also subject to other federal regulations and state laws and are kept separately. At Upstate, health records are maintained at Employee Health.

CPE POLICY

Issue Date: 11/21/24

Applies to: Downtown &/or Community

Values: *Drive Innovation & Discovery, Respect People,
Serve our Community, Value Integrity*

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Outcomes and Indicators for Level I/Level II CPE Programs

11/21/2024	Added as new required program policy for ACPE 2025 Standards
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Policy:

It is the policy to include the ACPE Outcomes and Indicators for Level I/Level II in the student handbook. There are five thematic categories with designated outcomes and indicators for Level I A/B and Level II A/B referenced below. Student achievement is assessed in relationship to these categories. Please see policy on Unit Evaluation and Student Achievement for details.

Category A: Spiritual Formation and Integration

Spiritual formation as a spiritual care provider includes the awareness and integration of one's narrative history, socio-cultural identity, and spiritual/values-based orienting systems. ACPE defines the word "spiritual" as inclusive of theistic and non-theistic/values-based orientations.

One's narrative history is at play in every care encounter. Paying attention to how one's narrative history intersects with the care receiver's story will influence the kind of care that is provided. Understanding one's narrative history helps to identify the values and beliefs that shape spiritual care. Research from the behavioral sciences will help one understand and evaluate how one's narrative history informs one's values and beliefs about spiritual care.

Socio-Cultural Identity is a lens through which we see the world. Understanding one's own socio-cultural identity and how that influences one's provision of spiritual care is crucial to providing culturally respectful care. One's socio-cultural identity will frequently intersect with the care receiver's socio-cultural identity, and it is an important element present in spiritual care encounters. In the indicators, the phrase "Social Identity", is used to refer to race, culture, social location, and all other aspects of identity.

Spiritual/Values-Based Orienting Systems provide the bedrock of spirituality. Orienting systems might include faith, religion, tradition, communities, and values. One's orienting systems influence the way that one cares for others. Understanding the impact of one's values/beliefs on others is crucial to providing spiritual care. This will also enable one to respect and honor the orienting system of others and recognize when one's orienting systems might hinder and limit the provision of spiritual care.

Fulfillment of these outcomes will lead to a healthy use of self that integrates these areas to positively impact the provision of spiritual care.

Outcome 1: Narrative History

Level IA	Level IB	Level IIA	Level IIB
IA.1 Identify formative and transformative experiences in one's narrative history and their significance to one's spiritual journey.	IB.1 Articulate how one's narrative history informs one's values and beliefs about spiritual care.	IIA.1 Use knowledge of behavioral sciences to understand how one's narrative history informs one's values and beliefs about spiritual care.	IIB.1 Evaluate one's integration of how knowledge of behavioral sciences informs one's practice of spiritual care through the lens of one's narrative history.
IA.2 Articulate awareness upon reflection of when a care encounter intersects with elements of one's narrative history.	IB.2 Demonstrate awareness in the moment of when a care encounter intersects with elements of one's narrative history.		

Outcome 2: Socio-Cultural Identity

Level IA	Level IB	Level IIA	Level IIB
IA.3 Demonstrate a knowledge of one's social identity as related to spiritual care.	IB.3 Articulate how one's social identity informs one's approach to spiritual care.	IIA.2 Demonstrate how one's social identity interacts with the care receiver's social identity.	IIB.2 Evaluate one's integration of how knowledge of social identity informs one's

			practice of spiritual care.
IA.4 Articulate awareness upon reflection when a care encounter intersects with elements of one's social identity.	IB.4 Demonstrate awareness in the moment when a care encounter intersects with elements of one's social identity.		

Outcome 3: Spiritual/Values-Based Orienting Systems

Level IA	Level IB	Level IIA	Level IIB
IA.5 Describe how one's values and beliefs about spiritual care are part of one's orienting systems.	IB.5 Demonstrate how one's orienting systems inform spiritual care encounters.	IIA.3 Demonstrate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.	IIB.3 Evaluate how one's orienting system interacts with the care receiver's orienting systems when providing spiritual care.

Category B: Awareness of Self and Others

The CPE process helps build awareness of self and others as a vehicle for greater spiritual care. Awareness includes learning about oneself and developing greater awareness of the experiences and values of others.

Self-Care is essential to deeply engage the pain of others. Being present and holding the pain and grief of others necessitates self-care to promote sustainability and resiliency in this sacred work. Research has shown that trauma-informed approaches are beneficial for realizing and addressing the needs present.

Increased self-awareness also includes the ways that one's biases affect oneself and others, demanding that we develop Justice-Seeking awareness of biases. Some of the biases are well known, like race, gender, ability, culture, etc. Others are less well known, like age and weight. Self-awareness of one's own implicit biases and systemic biases will translate into attempts to provide equitable spiritual care. Spiritual care providers will then use the resources available to them to attempt to address the implicit and systemic biases that impact spiritual care.

Finally, our work as spiritual care providers require us to engage others from a place of Intercultural and Interreligious Humility. We are multidimensional individuals living in a complex and diverse society and world, with complex histories. Our cultures, experiences and relationships shape our values and beliefs. Understanding that all humans have universal beliefs and needs can help us to see our common humanity. Intercultural and Interreligious Humility includes acknowledging one's limited vision of others, acceptance and appreciation of difference, and an openness and curiosity to new perspectives. Cultivating Intercultural and Interreligious Humility will expand one's ability to address the complexity in others' lives and needs.

Attending to Self-Care, addressing Justice-Seeking awareness of bias, and cultivating Intercultural and Interreligious Humility ensure dignity is afforded to oneself and others.

Outcome 1: Self-Care

Level IA	Level IB	Level IIA	Level IIB
IA.6 Demonstrate knowledge of the varieties of self-care and initiate the use of self-care practices.	IB.6 Articulate how one's self-care practices, including trauma informed approaches, support wellbeing in spiritual care.	IIA.4 Demonstrate how one uses self-care practices, including trauma informed approaches, for support of wellbeing, including when providing spiritual care.	IIB.4 Evaluate how one uses self-care practices, including trauma informed approaches for support of wellbeing, including when providing spiritual care.

Outcome 2: Justice-Seeking Awareness of Bias

Level IA	Level IB	Level IIA	Level IIB
IA.7 Demonstrate an awareness of implicit and systemic bias including cultural and value/belief-based prejudice and its impact on spiritual care.	IB.7 Articulate an understanding of one's implicit bias and systemic bias when providing spiritual care.	IIA.5 Demonstrate how one is addressing one's implicit bias and systemic bias when providing spiritual care as appropriate to one's context	IIB.5 Evaluate one's ability to address bias and seek justice when providing spiritual care as appropriate to one's context.

Outcome 3: Intercultural and Interreligious Humility

Level IA	Level IB	Level IIA	Level IIB
IA.8 Demonstrate respect for the orienting systems of others arising out of a sense of common humanity.	IB.8 Articulate how one uses intercultural and interreligious humility when providing spiritual care.	IIA.6 Demonstrate intercultural and interreligious humility when providing spiritual care.	IIB.6 Evaluate one's use of intercultural and interreligious humility when providing spiritual care.

Category C: Relational Dynamics

Spiritual care and education require empathy and healthy relational boundaries grounded in warmheartedness for self and others. Empathy includes caring about and taking the perspective of others' experiences, values, beliefs, and practices. Healthy relational boundaries include respect for differences in spirituality. Empathy and relational boundaries work in tandem to ensure helpful, rather than harmful, spiritual care.

Group dynamics shape spiritual care and the learning process, requiring one to learn and offer care in and among groups. Understanding theories of group dynamics will grow one's relational capacity and be a necessary component of spiritual care. This will enable one to be aware of the variety of roles that are played in groups and one's habitual roles in groups. Additionally, one will gain experience in facilitating group processes as appropriate to one's context.

Fulfilling these outcomes will help one identify and evaluate how empathy, relational boundaries and group dynamics are integral to spiritual care.

Finally, students who learn and offer care in and among groups will grow in their relational capacity and can bring this increased skill to their spiritual care. Concurrently, they will gain greater understanding about how group dynamics relate to spiritual care contexts.

Outcome 1: Empathy

Level IA	Level IB	Level IIA	Level IIB
IA.9 Demonstrate knowledge of and initiate use of empathy	IB.9 Articulate how one uses empathy when	IIA.7 Demonstrate one's use of empathy	IIB.7 Evaluate one's use of empathy when

in spiritual care contexts.	providing spiritual care.	when providing spiritual care.	providing spiritual care.
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Outcome 2: Relational Boundaries

Level IA	Level IB	Level IIA	Level IIB
IA.10 Demonstrate knowledge of and initiate use of healthy relational boundaries in spiritual care contexts.	IB.10 Articulate how one uses healthy relational boundaries in spiritual care contexts.	IIA.8 Demonstrate healthy relational boundaries in spiritual care contexts	IIB.8 Evaluate one's ability to maintain healthy relational boundaries in spiritual care contexts

Outcome 3: Group Dynamics

Level IA	Level IB	Level IIA	Level IIB
IA.11 Demonstrate an understanding of group dynamics as it relates to spiritual care encounters and the learning process.	IB.11 Identify group dynamics theories as they relate to providing spiritual care and one's learning process.	IIA.9 Demonstrate one's ability to describe and explore roles in group dynamics.	IIB.9 Evaluate one's ability to facilitate and function within group processes.
		IIA.10 Demonstrate one's ability to facilitate group processes as appropriate to one's context.	

Category D: Spiritual Care Interventions

Spiritual care providers inhabit a role that necessitates specialized knowledge and skills to address spiritual care needs. Understanding one's role and the power and authority embedded within it are essential to providing spiritual care interventions. Learning practical communication styles and skills are necessary to develop spiritual care relationships. One way of addressing the spiritual care needs of care receivers is to utilize cultural, religious, and spiritual resources that support wellbeing.

Spiritual Assessments provide the framework for guiding appropriate spiritual care interventions. Spiritual Assessments, which are distinct from spiritual histories or spiritual screenings, are tools that empower the spiritual care provider to determine the greatest needs and resources that are present. They will support greater collaboration with the larger team through a shared meaning and understanding of spiritual care plans. In many contexts, this integration and collaboration are achieved through documentation. While not every context utilizes documentation, learning about documentation enables integrated care and teamwork that is required in a variety of settings.

The specialized role, knowledge and skills involved in these interventions enable spiritual care providers to provide uniquely helpful care. Successful integration of these interventions and resources equips spiritual care providers with the skills to address the spiritual wellbeing of those in their care.

CPE guides students through the formational and experiential learning process and the interventions necessary to address spiritual distress. Spiritual care includes understanding one's role and the power and authority embedded within it. As students develop spiritual care relationships, they will explore their formational development and learn the practical communication styles and skills necessary for effective spiritual care. One way of addressing the spiritual care needs of care seekers is to utilize cultural, religious, and spiritual resources that are congruent with their values and beliefs.

Outcome 1: Develop Spiritual Care Relationships

Level IA	Level IB	Level IIA	Level IIB
IA.12 Demonstrate the ability to represent one's role and function when initiating spiritual care relationships.	IB.12 Articulate an understanding of power dynamics and one's authority when providing spiritual care.	IIA.11 Demonstrate flexible communication styles and skills, including trauma informed approaches, that develop spiritual care relationships using one's authority.	IIB.10 Evaluate one's use of communication styles and skills, including trauma informed approaches.
IA.13 Demonstrate an understanding and initiate use of communication styles and skills in spiritual care relationships.	IB.13 Articulate how one's communication styles and skills, including trauma informed approaches, develop spiritual care relationships.		

Outcome 2: Use of Cultural, Religious, and Spiritual Resources

Level IA	Level IB	Level IIA	Level IIB
IA.14 Demonstrate an understanding and initiate the use of spiritual resources that address spiritual wellbeing.	IB.14 Articulate how one uses spiritual resources when providing spiritual care.	IIA.12 Demonstrate one's ability to use spiritual resources in addressing spiritual and organizational well-being.	IIB.11 Evaluate one's use of spiritual resources in addressing spiritual and organizational well-being.

Outcome 3: Use of Spiritual Assessments and Care Plans

Level IA	Level IB	Level IIA	Level IIB
IA.15 Demonstrate an understanding of the difference between spiritual assessments and spiritual histories/screens.	IB.15 Articulate how one uses spiritual assessments when one provides spiritual care.	IIA.13 Demonstrate how one's interventions address the assessed spiritual needs/strengths.	IIB.12 Evaluate one's use of assessments, interventions, and plans of care when one provides spiritual care.

Outcome 4: Documentation

Level IA	Level IB	Level IIA	Level IIB
IA.16 Demonstrate an understanding of the role of documentation in the provision of spiritual care.	IB.16 Articulate how one uses documentation when providing spiritual care, as appropriate to one's context.	IIA.14 Demonstrate the ability to document when one provides spiritual care as appropriate to one's context.	IIB.13 Evaluate one's ability to document as appropriate to one

Category E: Professional Development

Success in the formational and reflective process of CPE requires an engagement with one's own learning process and what it means to be a professional in spiritual care. Professional Development in the CPE process includes engaging the Clinical Method of Learning, abiding by Ethical Practice and Professionalism, growing through Consultation and Feedback, investing in Teamwork and Collaboration, and becoming Research literate.

One of the hallmarks of learning within CPE is through the method of action, reflection, new action, which defines the clinical method of learning. In CPE, the “action” of providing spiritual care is “reflected” upon in the educational time, which in turn leads to an improved “new action” when continuing to provide spiritual care.

Ethical practice and professionalism serve to create a safe and relational environment to learn and provide spiritual care. Adherence to these values and principles will protect both the spiritual care provider and receiver. Honesty, integrity, personal responsibility, and boundaries are all part of ethical practice and professionalism. Additionally, spiritual care providers have an important role to play within ethics and ethical practice. Recognizing ethical issues and knowledge of ethical theories/principles will enable spiritual care providers to honor the dignity of all involved.

Consultation and Feedback are essential elements of the learning process. In CPE, learning happens through engagement with others. Regularly initiating consultation will support and improve the provision of spiritual care. Investing in the learning process necessitates offering and receiving respectful, appropriate, and timely feedback to ensure the continued development for one’s own growth and that of others.

Spiritual care can be most effective when it is part of a larger care team, as appropriate to one’s context. Our collaboration with others ensures holistic care for care receivers. Making referrals to other professionals allows spiritual care to remain in our area of expertise, while still providing the necessary care for those in need. Expanding the circle of concern may include spiritual care and resources for fellow team members.

There is an emerging recognition of the importance of research for the development of the profession of spiritual care. Initially, a basic awareness of the importance and relevance of research in our field of spiritual care is grounding for beginners to this vocation. Developing research literacy means reading research, knowing where to find it, being able to understand what the research is indicating, recognizing major limitations, and then integrating helpful findings into one’s spiritual care. Doing so will lead to improved spiritual care, greater professionalism, and bringing in diverse voices that can inform our practice. Research literacy enables interaction with the interdisciplinary team with an increased capacity to take in data to support their practice. Research literacy supports one’s ability to become a lifelong learner.

Outcome 1: Clinical Method of Learning

Level IA	Level IB	Level IIA	Level IIB
IA.17 Demonstrate an awareness and initiate use of the clinical method of learning (action-reflection-new action).	IB.17 Articulate how the clinical method of learning shapes one’s provision of spiritual care.	IIA.15 Demonstrate one’s ability to use the clinical method of learning collaboratively and creatively.	IIB.14 Evaluate one’s ability to use the clinical method of learning when one provides spiritual care and personal/professional growth.

		IIA.16 Demonstrate knowledge of the history of clinical pastoral education.	
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Outcome 2: Ethical Practice and Professionalism

Level IA	Level IB	Level IIA	Level IIB
IA.18 Demonstrate an awareness of and adherence to mandatory reporting requirements and professional codes of ethics relevant to one's context.	IB.18 Demonstrate ability to recognize ethical issues in one's context and seek consultation.	IIA. 17 Demonstrate knowledge of ethical principles/theories used in spiritual care contexts.	IIB.15 Demonstrate integration of ethical decision-making in one's context.
IA.19 Demonstrate through one's behavior the attributes of integrity and honesty in one's spiritual care practice and learning process.	IB.19 Demonstrate knowledge of and adherence to attributes of personal and organizational responsibility and professional boundaries in the practice of spiritual care and the learning process.		
IA.20 Represent and conduct oneself in a manner that is appropriate to the context.			

Outcome 3: Consultation and Feedback

Level IA	Level IB	Level IIA	Level IIB
IA.21 Demonstrate knowledge of the role of consultation in the	IB.20 Initiate consultation when faced with challenges in the		IIB.16 Develop long term plan for seeking consultation to

learning process of spiritual care.	spiritual care context.		address areas of current and anticipated challenges.
IA.22 Demonstrate awareness of one's ability to receive and engage feedback related to one's learning process of spiritual care.	IB.21 Engage and integrate feedback in one's learning process and when providing spiritual care.	IIA.18 Evaluate one's ability to integrate feedback in one's learning process and when providing spiritual care.	
IA.23 Demonstrate awareness of one's ability to offer feedback related to the learning process of spiritual care.	IB.22 Demonstrate the ability to offer appropriate and timely feedback to peers and others.	IIA.19 Evaluate one's ability to offer appropriate and timely feedback to peers and others.	

Outcome 4: Teamwork and Collaboration

Level IA	Level IB	Level IIA	Level IIB
IA.24 Demonstrate an understanding of how spiritual care interacts with and is part of the larger care team.	IB.23 Articulate one's ability to engage with the larger care team, including making referrals, when one provides spiritual care.	IIA.20 Demonstrate one's ability to function as part of the larger care team while maintaining one's role as a spiritual care provider.	IIB.17 Evaluate one's ability to be a spiritual care presence with and for the larger care team.

Outcome 5: Research Based Care

Level IA	Level IB	Level IIA	Level IIB
IA.25 Demonstrate an awareness of how research is relevant to spiritual care.	IB.24 Articulate how one's readings of research is relevant to one's	IIA.21 Demonstrate one's ability to access and understand the main points of a research	IIB.18 Integrate relevant research into one's practice of spiritual care.

	provision of spiritual care.	article and any major limitations.	
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Brief Definitions of Terms Used in the Revised Outcomes

Communication Styles and Skills – Different ways of communicating. This includes verbal and nonverbal forms of communication. Examples include listening/attending, empathic reflection, confrontation, conflict resolution, Motivational Interviewing, and many others.

Implicit Bias – Unintentional attitude (either positive or negative) by an individual toward a specific racial, social, cultural, or spiritual group.

Intercultural and Interreligious Humility – Cultivation of respect and dignity in relation to others with different cultures or spiritual beliefs, values, and practices.

Justice-Seeking Awareness of Bias – An awareness of bias with the goal to seek justice considering the bias.

Mandatory Reporting – Laws that require people to report concerns of harm; varies by state and religious organizations.

Narrative History – One's life history, relationships, significant, and formative events that have influenced one's values and perspectives in one's life.

Relational Boundaries – Balancing of interpersonal connection and autonomy within one's role.

Socio-Cultural Identity – Aspects of one's identity that relate to one's culture and social identity, like, gender, race, ability, and other aspects of social location.

Spiritual Resources – Spiritual Care interventions that access internal and external resources, like sacraments, rituals, prayer, Scriptural reading, meditation, breathing exercises, etc.

Spiritual/Values-Based Orienting System – A framework that includes beliefs, practices, and coping based on one's spiritual or religious tradition or values.

Systemic Bias – Legal, organized, structured, spoken and unspoken rules or practices that lead to cumulative and chronic negative outcomes against a specific group by a system or institution.

Trauma-Informed – An approach that considers trauma and the potential for re-traumatization.

CPE POLICY

Issue Date: 11/21/24

Values: *Drive Innovation & Discovery, Respect People,
Serve our Community, Value Integrity*

Applies to: Downtown &/or Community

Page(s): 1 of 2

Professional Advisory Council

Review Date:	Change Description:
11/30/2015	Updated references, language added to clarify role of PAC
Revised Date:	Change Description:
11/30/2015	Updated references, language added to clarify role of PAC
12/21/2015	Clarify Administrative Structure
2/8/2016; 3/6/16	Copy Editing
4/5/16, 04/16/18	Bring into compliance with ACPE Standard 305.2
1.7.2019	<i>Copy Editing</i>
1.22.2020	<i>Updated ACPE 2020 Standards</i>
4.22.2021/ 3/28/24, 11/19/24	<i>Copy editing</i>

Policy:

The CPE program has an ongoing process of consultation with a designated Professional Advisory Council (PAC). The PAC is the advisory arm of the CPE program, which is administered by the Department of Spiritual Care, which reports to the Chief Operating Officer.

Upstate University Hospital and the Clinical Pastoral Education Program have an active Professional Advisory Council (PAC) which focuses on the on-going program evaluation for continuous quality improvement. The PAC provides oversight to ensure that all pertinent regulations are developed, reviewed, updated and followed in compliance with the ACPE Standards.

Procedure:

The PAC meets 2-4 times per year. Meetings may include graduation and commissioning services/luncheons. Minutes are reviewed and approved at each meeting (if applicable) and copies are kept in the training office.

Members of the PAC represent the hospital, the local faith community, former students, and various professions such as hospital administration, medicine, nursing, social work and education in addition to hospital and community chaplains.

PAC members may participate actively in all aspects of the Program. PAC members offer seminars, participate in interviewing prospective students, participate in Level II

Consultations and conduct exit interviews- Members may attend commissioning ceremonies, welcoming and meeting new students, end of program session activities and do active work on maintenance of policies and procedures. They also participate in various ACPE required functions such as review of complaints and recommended disciplinary action.

PAC meetings always focus on the quality of the CPE program. These improvement efforts can include:

- A. Course content and materials
- B. Success with respect to student achievement, including course completion certification rate, and job placement
- C. Educational methods and Educator relationships
- D. Student to Educator ratio
- E. Assessment of students' use of CPE
- F. Determination and reporting of satisfactory achievement of CPE program outcomes by students enrolled in CPE Level IA/B or Level IIA/B;
- G. Determination and reporting of satisfactory achievement of CPE supervisory program outcomes by students enrolled in supervisory CPE.

Through ongoing review of policies and procedures, the PAC ensures that all facets of the program are evaluated. Revised Policy and Procedures along with minutes are mailed out ahead of the meeting to give members time to review and reflect.

The PAC does an annual review of the faculty's professional development plan, which includes verification that required CEUs for continued certification are fulfilled.

Form Name(s) and Number(s): N/A

Originating Department: Spiritual Care

Contributing Department(s): N/A

References: Association for Clinical Pastoral Education (ACPE, January 2025)

CPE POLICY

Issue Date: 02/19/2007

Applies to: Downtown &/or Community

Values: (Drive Innovation & Discovery, Respect People,
Serve our Community, Value Integrity)

Page(s): 1 of 3

Student Rights and Responsibilities

Review Date:	Change Description:
10/26/2015	<i>Updated references, Link to UH policy</i>
Revised Date:	Change Description:
2/8/2016; 3/6/16	<i>Copy Editing</i>
4/5/16	<i>Bring into compliance ACPE standard 303.8</i>
08/02/16	<i>Expanding protection of patient rights.</i>
04/16/18, 1.7.2019	<i>Copy Editing</i>
4/23/19	<i>Addition to Number 11 and 4</i>
1.22.2020	<i>Updated ACPE 2020 Standards</i>
4.22.2021	<i>Copy editing</i>
4/13/22	<i>Added Scope of Role to Number 1 under Student Responsibilities</i>
3/28/24, 11/19/24	<i>Copy editing. Addition of individual supervision & consultation</i>

Policy:

Upstate University Hospital and the Clinical Pastoral Education Program will inform students enrolled in the CPE program of their rights and responsibilities during orientation and through information found in their handbooks.

Students participating in the accredited ACPE learning processes shall have the right to a unit of CPE consisting of 400 hours. Depending on the level of student achievement, students will earn 0, .5, or 1 credit for the unit. Please see policy on Unit Evaluation and Student Achievement for details on assessment and measurement of achievement. Information must include:

- the level (Level IA, Level IB, Level IIA, Level IIB),
- the duration (i.e. number of weeks) of each program,
- the specific dates for each program.

Programs may have students learning at multiple levels within the same unit.

Other Student Rights include: An orientation process that includes a review of all required policies and procedures.

- 1.** A Student Handbook that contains information about the Department of Spiritual Care and the CPE program.
- 2.** A learning contract negotiated with the CPE Certified Educator/Certified Educator Candidate.
- 3.** Access to a population that provides significant opportunity for ministry and learning.
- 4.** Access to the tools to support training, such as copiers, computers, and shared office space, which includes a mailbox and cubby to keep necessary items.
- 5.** Protection of professional privacy, through confidential protection of professional records as well as respect for confidentiality of training processes and conversations by Educators, peers, and interdisciplinary mentors.
- 6.** Individual and group Supervision and evaluation by a certified ACPE Certified Educator/Certified Educator Candidate. If the certified educator cannot complete their program responsibilities, Upstate University Hospital will make every effort to provide program participants with an ACPE Clinical Educator or Certified Educator Candidate for the remainder of the program or provide full tuition reimbursement (see Completion of Unit Policy). The Educator certifies completion of a leveled CPE unit.
- 7.** A written evaluation report by the ACPE Certified Educator/Candidate within 21 days of completion of the unit, and the opportunity to include a written response. The evaluative assessment reflects professional judgment about students' work, abilities, strengths, & weaknesses. Students may add a written response to the evaluation, which then becomes part of the student's record.
- 8.** Access to, and if needed, use of the complaint/mediation/grievance process as specified by the program's CPE Complaint Policy and the current ACPE Standards.
- 9.** Access to the Department of Spiritual Care library, the library of Upstate Medical University, Upstate web resources and other resources such as the library of the Center for Bioethics and Humanities.
- 10.** The right to appeal if placed on probation or dismissed from the CPE program (refer to Disciplinary Action, Dismissal and Withdrawal Policy).
- 11.** Students have the right to student support services and resources including, but not limited to, a process for educational guidance and recommendations for counseling resources, resume preparation and employment search.
- 12.** Students are entitled to other benefits as described in the Financial Policy and Student Handbook.
- 13.** The right to consultation. Please see policy on consultation.

Student Responsibilities: Students are responsible to carry out duties and learning requirements as specified. These shall include, but not be limited to:

- 1.** The delivery of professional spiritual services to assigned clinical populations, including documentation of visits, functioning within the scope of the role as Chaplain Intern.
- 2.** The negotiation with the ACPE Certified Educator/Certified Educator Candidate of a learning contract for each unit of CPE, and responsible use of clinical pastoral supervision.
- 3.** Reliable attendance for training, patient visits, and interdisciplinary rounds in their assigned clinical area.
- 4.** The protection of peer and patient rights, including maintenance of privacy in reference to person (diagnosis, treatment plans) and personal information. This includes not posting on any social media platform such as Facebook, X, through emails, texts, preaching in public, no taping of patient/family without documented permission about identified patients/families or staff and their circumstances. Students should not disclose any identifiable patient/family information beyond the scope of their role. Students should be aware that all activity in EPIC & Vocera is tracked and that any access beyond their role and need to know to fulfill their clinical duties will result in disciplinary action and possible immediate termination. Students also have a professional obligation to inform their supervisor if confidential information about a patient is disclosed in a public space.
- 5.** Active and appropriate participation in their clinical learning experience.
- 6.** Responsible for all required paperwork as determined by the ACPE Certified Educator/ Certified Educator Candidate and described in the student handbook and syllabus.
- 7.** Responsible to communicate concerns, suggestions, or problems with the ACPE Certified Educator/Certified Educator Candidate in a timely manner. In the event of any complaints concerning functioning, to immediately inform the CPE Certified Educator/Certified Educator Candidate.
- 8.** Accepting monetary donations or gifts for personal use are prohibited. If this occurs, these must be brought to the attention of the CPE Certified Educator as per the directions in the student handbook. Gifts of minimum value are handled case by case with respect for the donor, acknowledged with a thank you note, and deposited in the appropriate Upstate Foundation account or Spiritual Care petty cash fund.
- 9.** Full compliance with all ACPE standards and Code of Ethics as well as all applicable hospital directives and codes of conduct.

Contributing Department(s): N/A

References: Association for Clinical Pastoral Education (ACPE, January 2025)



CPE POLICY

Issue Date: 07/14/2010

Applies to: Downtown &/or Community

Values: (*Drive Innovation & Discovery, Respect People, Page(s): 1 of 1*

Serve our Community, Value Integrity)

Unit Evaluations and Student Achievement

Review Date:	Change Description:
11/25/2015	Updated References
Revised Date:	Change Description:
3/6/16, 04/16/18, 1.7.19	Copy editing
1.22.2020	Update ACPE 2020 Standards
4.22.2021, 3/28/24, 11/19/24	Copy editing, adding new outcome measurement

Policy:

It is the policy of Upstate University Hospital Clinical Pastoral Education Program to provide an ACPE Certified Educator/Certified Educator Candidate's evaluation within a defined time frame as determined by ACPE.

Procedure:

All Level I/Level II programs must have a process for student evaluation in each unit that includes the standardized ACPE Certified Educator's evaluation form. The narrative section of this form will include the educator's professional judgment about student's work, abilities, strengths, weaknesses in relation to the current Outcomes and Indicators with an assigned rating.

Students participating in the accredited ACPE learning processes shall have the right to a unit of CPE consisting of 400 hours. Depending on the level of student achievement, students will earn 0, .5, or 1 credit for the unit. Information must include:

- the level (Level IA, Level IB, Level IIA, Level IIB),
- the duration (i.e. number of weeks) of each program,
- the specific dates for each program.

Programs may have students learning at multiple levels within the same unit.

Student achievement is based on demonstration of the outcomes and indicators that are assigned to each level of CPE. Each indicator will be scored by the educator according to the following scale:

- 1 – Not Yet Engaging: This rating is for the student who is not engaging the indicator in both education and clinical hours.
- 2 – Beginning to Engage: This rating is for the student who is trying, but is not yet fully demonstrating the required knowledge, behaviors, skills, and attributes in both education and clinical hours.
- 3 – Meets Expectations: This rating is the standard expectation of demonstration of the required knowledge, behaviors, skills, and attributes for the indicator in both education and clinical hours.
- 4 – Exceeds Expectations: This rating is for the student who is excelling in the indicator in both education and clinical hours.

Based on the aggregation of the individual scores, an achievement score will be calculated, and credit will be assigned in accordance with the following:

Full Credit and Advances to the Next Level of CPE

To receive 1 credit and advance to the next level of CPE, the student must successfully complete the 400-hour unit requirement, demonstrate achievement of a *minimum* score of 80% for the assigned indicators of the level on the standardized evaluation, and meet all local requirements. This level of achievement will be indicated with an asterisk* as part of the certificate title and denoted at the bottom of the certificate, indicating eligibility to advance to the next level.

Full Credit but DOES NOT Advance to the Next Level of CPE

A student who demonstrates a level of achievement between 70% – 79% for the assigned indicators of the level on the standardized evaluation, successfully completes the 400-hour unit requirement, and meets all local requirements will receive 1 credit for the unit. The student will not be eligible to advance to the next level of CPE. The student will receive a certificate for the completion of the unit. At the discretion of the program, the student may repeat the current level.

Half Credit but DOES NOT Advance to the Next Level of CPE

A student who demonstrates a level of achievement between 50% – 69% for the assigned indicators of the level on the standardized evaluation, successfully completes the 400-hour unit requirement, and meets all local requirements will receive .5 credit for the unit. The student will not be eligible to advance to the next level of CPE. The student will receive a certificate for the completion of the unit. At the discretion of the program, the student may repeat the current level.

Zero Credit

A student who demonstrates a level of achievement less than 49% for the assigned indicators of the level on the standardized evaluation or does not complete the 400-hour unit requirement or does not meet all local requirements will receive 0 credit for the unit. The student will not be eligible to advance to the next level of CPE. At the discretion of the program, the student may repeat the current level.

In addition to addressing the outcomes/competencies, end of unit evaluations should focus on the student's individualized learning plan and learning goals and learning issues that have emerged in the CPE experience.

The end of unit evaluation must be timely in respect to the evaluation experiences being summarized and to the availability of the document for future use; the signed and final educator's evaluation must be sent to the student through the online portal within 21 calendar days of the end of the unit. In addition, evaluations must respect the confidentiality of the student, peers, and persons to whom the student provided spiritual care and never be given to anyone without the written permission and direction of the student, except as noted in the Guide for Student Records

Students (Level I/Level II and Certified Educator programs) must write a final self-evaluation at the conclusion of the unit.

Students (Level I/Level II and Certified Educator programs) may attach a written response to the educator's evaluation. If submitted, the student's response becomes a part of the student's official record.

A certificate based on the level of program achievement will be provided to each student for each unit successfully completed. An asterisk* in the certificate will indicate that the student is eligible to enroll in the next level of CPE.

The end of unit evaluation must be sent to the student through the online portal *within 21 calendar days* of the end date of the unit. To extend this deadline in rare circumstances, the ACPE Certified Educator may negotiate with the student and inform their assigned accreditation commissioner to extend this deadline to a specifically defined date not to exceed 45 calendar days after the conclusion of the unit. The ACPE Certified Educator's evaluation narrative must document this process, and it must be reported in the program's Accreditation Portfolio.

Form Name(s) and Number(s): N/A

Originating Department: Spiritual Care

Contributing Department(s): N/A

References: Association for Clinical Pastoral Education (ACPE). (January 2025)